

# CERTIFICATE OF INSURANCE

ISSUE DATE 07/29/2010  
**COPY**

This Certificate is issued as a matter of information only and confers no rights upon the certificate holder. This certificate does not amend, extend or alter the coverage afforded by the policies below.

**Name and Address of Agency**

**Hull & Company, Inc.**  
6940 'O' Street, Suite 404  
Lincoln, NE 68510

**Companies Affording Coverage**

Letter A **International Indemnity Co**  
Letter B **Scottsdale Insurance Company**

**Name and Address of Insured**

**Burmester, Inc**  
31440 Hwy 14  
Clay Center, NE 68933

Letter C **Argonaut Midwest Insurance Company**  
Letter D

266  
MAY 19 2010

This is to certify that policies of insurance listed below have been issued to the insured named above for the policy period indicated, notwithstanding any requirement, term or condition of any contract of other document with respect to which this certificate may be issued or may pertain, the insurance afforded by the policies described herein is subject to all the terms, exclusions, and conditions of such policies. The limits shown may have been reduced by paid claims.

Co. Ltr.	Type of Insurance	Policy Number	Policy Effective	Policy Expiration	Limits of Liability	
-----GENERAL LIABILITY-----						
A	X Commercial General Liability	GL154187B	08/22/09	08/22/10	General Aggregate	\$2,000,000
	X Occurrence Form				Products-Comp/Ops Aggregate	\$2,000,000
	Owner's & Contractors Protective				Personal & Advertising Injury	\$2,000,000
					Each Occurrence	\$2,000,000
					Fire Damage (Any one fire)	\$100,000
					Medical Expense(Any one Person)	\$5,000
-----AUTOMOBILE LIABILITY-----						
C	Any Auto	TP3051738	8/22/09	8/22/10	Combined Single Limit	\$1,000,000
	All Owned Autos				Bodily Injury (Per person)	\$
	x Scheduled Autos				Bodily Injury (Per accident)	\$
	x Hired Autos				Property Damage	\$
	x Non-Owned Autos					
	Garage Liability					
-----EXCESS LIABILITY-----						
B	x Umbrella Form	XLS0061591	8/22/09	8/22/10	Each Occurrence	\$2,000,000
	Other than Umbrella Form				Aggregate	\$2,000,000
-----WORKER'S COMPENSATION-----						
	Worker's Compensation and Employers' Liability				STATUTORY LIMITS	
					Each Accident	\$
					Disease-Policy Limit	\$
					Disease-Each Employee	\$
-----OTHER-----						
					Limit	\$

Description of Operations/Locations/Vehicles/Restrictions/Special Items

**CANCELLATION:** Should any of the above described policies be cancelled before the expiration date thereof, the issuing company will endeavor to mail 15 days written notice to the certificate holder named below, but failure to mail such notice shall impose no obligation or liability of any kind upon the company, its agents or representatives.

<p><b>Certificate Holder</b></p> <p>Dodge County Highway Dept 435 N Park, Rm 204 Fremont, NE 68025</p>	<div style="text-align: center;">               _____  <b>Authorized Representative</b> </div>
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Cert (10/93)

